

DAN L. TURNMIRE,

GRANTOR

TO

WILLIAM H. SMITH, III and wife,
TONYA T. SMITH

GRANTEES

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, **DAN L. TURNMIRE**, do hereby sell, convey and warrant unto **WILLIAM H. SMITH, III and wife, TONYA T. SMITH**, as tenants by the entirety with rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 87, Phase III, WHISPERING PINES SUBDIVISION, situated in Section 1, Township 2 South, Range 6 West, DeSoto County, Mississippi as per plat recorded in Plat Book 31, Pages 27-29 in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, said property was acquired by Dan L. Turnmire and wife, Ingrid Turnmire, as tenants by the entirety with full rights of survivorship and not as tenants in common. The said Ingrid Turnmire died on March 3, 2002 as evidenced by a copy of her death certificate attached hereto as Exhibit "A".

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi, easements as shown on plat of record and restrictive covenants of record in Plat Book 31, Pages 27-29, Land Records, Chancery Clerk's Office, DeSoto County, Mississippi.

It is agreed and understood that taxes for the year 2008 shall be prorated as of the date of this instrument and possession is given upon delivery of this Deed.

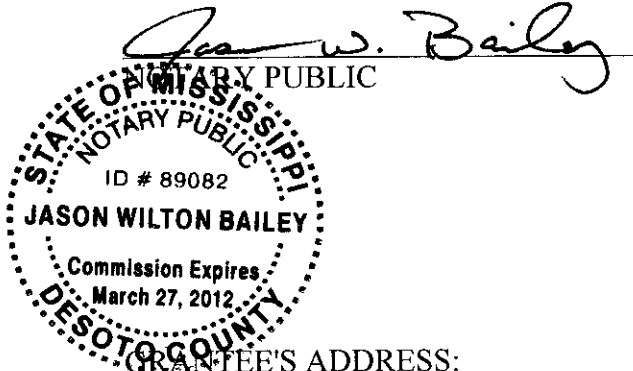
WITNESS MY SIGNATURE, this the 12th day of September, 2008.


DAN L. TURNMIRE

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 12th day of September, 2008, within my jurisdiction, the within named DAN L. TURNMIRE, who acknowledged that he executed the above and foregoing instrument.

My Commission Expires: 3/27/2012



GRANTOR'S ADDRESS:

750 CLEMENT Dr
Passville, MS
Hm. Phone: (901) 853-4284
Wk. Phone: (901) 652-8444

GRANTEE'S ADDRESS:

5125 Rolling Pine Cir. E.
Olive Branch, MS 38654
Hm. Phone: 662-429-8574
Wk. Phone: 901-497-4830

PREPARED BY AND RETURN TO:

JASON W. BAILEY
WATKINS LUDLAM WINTER & STENNIS, P.A.
P. O. Box 1456
Olive Branch, MS 38654
(662) 895-2996

#00931.30799

EXHIBIT "A"

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

NAME OF DECEDENT For use by physician or institution

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) **INGRID M. TURNMIRE**

2. SEX **FEMALE**

3. DATE OF DEATH (Month, Day, Year) **MARCH 3, 2002**

4. SOCIAL SECURITY NUMBER (of Decedent) **413-04-6785**

5a. AGE LAST BIRTHDAY (Year) **49**

5b. UNDER 1 YEAR **MO. DAYS HOURS MIN.**

5c. UNDER 1 DAY **MO. DAYS HOURS MIN.**

6. DATE OF BIRTH (Month, Day, Year) **SEPT. 17, 1952**

7. BIRTHPLACE (City and State or Foreign Country) **FRANKFURT, GERMANY**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9a. PLACE OF DEATH (check only one) 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **DELTA MEDICAL CENTER**

9c. CITY, TOWN, OR LOCATION OF DEATH **MEMPHIS**

9d. COUNTY OF DEATH **SHELBY**

10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) **DIVORCED**

11. SURVIVING SPOUSE (If wife, give maiden name) **N/A**

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **SECRETARY**

12b. KIND OF BUSINESS/INDUSTRY **ALLIED UNIKING**

13a. RESIDENCE-STATE **TN**

13b. COUNTY **SHELBY**

13c. CITY, TOWN OR LOCATION **MEMPHIS**

13d. STREET AND NUMBER OR RURAL LOCATION **6865 WATERVIEW CIRCLE**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No

15. RACE: American Indian, Black, White, etc. (Specify) **WHITE**

16. DECEDENT'S EDUCATION (Specify only highest grade completed) **UNKNOWN**

17. FATHER'S NAME (First, Middle, Last) **SEMP SCHIMM**

18. MOTHER'S NAME (First, Middle, Maiden Surname) **VALDRA LORBER**

19a. INFORMANT'S NAME (Type/Print) **RICK TURNMIRE**

19b. RELATIONSHIP TO DECEASED **SON**

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **3575 SWINNEA ROAD, NESBIT, MS 38651**

20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☒ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **FOREST HILL CREMATORY**

20c. LOCATION-City or Town, State **MEMPHIS, TN**

21a. SIGNATURE OF FUNERAL DIRECTOR **ANGELA HARDESTY**

21b. LICENSE NUMBER OF FUNERAL DIRECTOR **4956**

21c. SIGNATURE OF EMBALMER **ROY BLAYLOCK**

21d. LICENSE NUMBER OF EMBALMER **3586**

22a. NAME AND ADDRESS OF FUNERAL HOME **FOREST HILL SOUTH FUNERAL HOME 2545 E. HOLMES ROAD, MEMPHIS, TN 38118**

22b. LICENSE NUMBER OF FUNERAL HOME **920**

23. REGISTRAR'S SIGNATURE **Mary Ann Bladshaw**

24. DATE FILED (Month, Day, Year) **MAR 25 2002**

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

25b. SIGNATURE AND TITLE OF PHYSICIAN **Lee E. Faulkner, MD**

25c. LICENSE NUMBER **MD0000028255**

25d. DATE SIGNED (Month, Day, Year) **03/16/02**

26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER

26c. LICENSE NUMBER

26d. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **DR. LEE FAULKNER 3960 KNIGHT ARNOLD ROAD SUITE 315 MEMPHIS, TENNESSEE 38118**

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **A** **Anoxic encephalopathy**

DOE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

B **Ventricular Fibrillation**

DOE TO (OR AS A CONSEQUENCE OF):

C **Thyroid storm**

DOE TO (OR AS A CONSEQUENCE OF):

D **Hypertension**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☐ No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH 1 ☐ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending investigation 6 ☐ Could not be determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? 1 ☐ Yes 2 ☐ No

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)